MINUTES
SUBSTANCE ABUSE SERVICES COUNCIL
SEPTEMBER 16, 2011
RICHMOND, VIRGINIA

MEMBERS PRESENT:

Stephanie Arnold, *Department of Criminal Justice Services*
Senator George Barker, *Virginia State Senate*
Mark Blackwell, *Virginia Association of Drug and Alcohol Programs (VADAP)*
Cynthia Cave, *Department of Education (DOE)*
W. Curtis Coleburn, III, *Alcoholic Beverage Control (ABC)*
Mike Eggleston, *Governor's Office of Substance Abuse Prevention (GOSAP)*
Catherine Hancock, *Department of Medical Assistance Services (DMAS)*
Henry Harper, *Virginia Foundation for Healthy Youth (VFHY)*
Senator Mark R. Herring, *Virginia State Senate*
Greg Hopkins, *Virginia Drug Court Association (VDCA)*
Parham Jaberi, M.D., *Department of Health (DOH)*
Jamie MacDonald, *Virginia Association of Community Services Boards/Prevention (VACSB)*
Jean Motley, *Department of Corrections (DOC)*
Mellie Randall, *Department of Behavioral Health and Developmental Services (DBHDS)*
Delegate Christopher P. Stolle, *House of Representatives*
Bob Weakley, *Department of Motor Vehicles (DMV)*
Diane Williams, *Substance Abuse Certification Alliance of Virginia (SACAVA)*
William Williams, *Virginia Association of Community Services Boards/ SA Council (VACSB)*

GUEST:

Wayne Barry, *Department of Education*
Lynn Crammer, *SAARA*
Ralph Orr, *Department of Health Professions – Prescriptions Monitoring Program*
VCU Humphries Fellowship Program scholars

STAFF:

Karen DeSousa, *Office of Attorney General*
Malcolm King, *DBDHS*
Julie Truitt, *DBHDS*

WELCOME AND INTRODUCTIONS: The meeting was called to order by the Vice-Chair, Will Williams, with introductions by those in attendance.

REVIEW AND APPROVAL OF MINUTES OF JUNE 21, 2011 MEETING: A motion was made and seconded to approve the minutes as presented. The motion was carried.

OLD BUSINESS:

- **MEMBER UPDATES:** Director Garth Wheeler has selected Bruce Cruser, Division Director for Programs, as his representative on the Council. Director Harold Clarke has selected Dr. Jean Motley as his representative on the Council. Gubernatorial appointments are still pending for the Chair, two (2) advocate seats, one (1) VACSB seat.

- **HUMPHREY FELLOWSHIP PROGRAM -** *MARY WEST***:** The VCU Humphrey Fellowship is a non-degree program providing mid-career professionals from developing countries with advanced leadership training that combines academic, practical and cultural activities. This Humphrey Fellowship program is sponsored at VCU with primary support from the Bureau of Educational and Cultural Affairs of the U.S. Department of State and the National Institute on Drug Abuse International Program.

  The Humphrey's program is a unique and competitive program. This year VCU's Humphrey Fellowship Program has eight Fellows from Brazil, Iraq, Kazakhstan, Myanmar, Thailand, Sri Lanka, Uganda, and Uruguay. Their fields of study vary in the areas of substance abuse prevention, pharmacy and surgeons with a focused interest in substance abuse and related issues. The present Fellows program participation will be completed at the end of May. This is the six year that VCU has hosted this program and participation has resulted in several grants and wonderful collaborations with a variety of state, local and federal agencies. The Fellows that were in attendance at the meeting introduced themselves and indicated there area of interest as related to substance use issues.

PRESENTATIONS: (Power Point Slides available at www.dbhds.virginia.gov/SASC/Default.htm)

- **VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS' PRESCRIPTION MONITORING PROGRAM (PMP) –** *RALPH ORR, PROGRAM DIRECTOR:* The Department of Health Professions' mission is to promote the appropriate use of controlled substances for legitimate medical purposes while deterring the misuse, abuse, and diversion of controlled substances. This is approached through educating both medical professionals and the general public. The Prescription Monitoring Program (PMP) provides these services through speaking engagements, supporting online pain management continuing education offering, and prescription monitoring.

  The Office of National Drug Control Policy declared an epidemic stating that prescription drug abuse is the nation's fastest growing drug problem. The response plan to this epidemic focuses on education, tracking and monitoring, proper medication disposal and enforcement. In Virginia, the Prescription Monitoring Program (PMP) assists pharmacists and health professionals, through extensive prescription data, in making treatment decisions. This data assists in prescribing responsibly and preventing diversion of medications for monetary or recreational purposes.

  - 25% of all prescription opiates are diverted -stolen, traded or inappropriately prescribed. 10% of patients in a good pain management practice are probably not legitimate. Health professionals have a hard time deciding who has legitimate need for pain medication and who does not.

- Virginia pharmacies are required to report controlled substance prescriptions to the PMP at least twice monthly. The program also requires non-resident pharmacies to report dispensing of controlled substance to Virginia residents.
- PMP started as a pilot program focused on southwest Virginia in 2003, was expanded statewide in 2006 and access was increased to 24/7 in 2009. The data elements collected currently include Schedule II, III and IV drugs. All pharmacies that are licensed by the Virginia Board of Pharmacy must report the dispensing of these controlled substances to PMP on a twice per month basis. This also includes mail order pharmacies that might be out of state. Also, dispensing physicians have to report. There are some exemptions to this law such as dispensing of manufacturing samples, dispensing pursuant to a manufacturer's indigent patient program, dispensing in a bona fide medical emergency, administration of public substances, dispensing within an appropriately licensed narcotic maintenance/treatment program, dispensing to inpatients in hospitals or nursing homes, and dispensing by veterinarians.
- PMP reports are available to doctors and pharmacists for their patients and customers, to investigators for licensing boards; to certain law enforcement agents if there is an open investigation and to patients for their own prescription history.
- The report includes a fill date, name of the drug, the quantity of the drug dispensed, the date supplied, patient ID, anagram for the prescriber, prescription number, the pharmacy number and total number of prescriptions. The information in the system is what is reported by the pharmacist or doctor. The report is designed to be a tool to help with treatment decisions and dispensing decisions only.
- 2010 legislation allowed health professional to report suspected criminal activity to law enforcement. In, 2011 the law was clarified that prescribers and dispensers may discuss contents of PMP reports with other prescribers and dispensers.
- In 2007 PMP completed 22,000 requests for reports, in 2009 the amount increased to 75,000 requests. Since having 24/7 access with auto response features the PMP has processed over 433,000 requests in 2010. It is expected that requests over 600,000 requests will be processed this year. The most frequent requests are coming from emergency rooms, dental offices, and 24 hour pharmacies.
- Presently, there over 10,400 total registered users. This year 1,500 prescribers have been added to the program and 400 pharmacists. Prescribers make 91% of all requests, followed by pharmacists 7%, and the remaining requests are made up of law enforcement, regulatory, and medical examiners.
- PMP has a collaborative agreement with VCU which maintains an online pain management course on the PMP website. Professionals with valid Virginia health licenses can take this course and get up to 6.5 hours of CME credit. The course is updated every year.
- PMP provides access to other programs, prescribers or pharmacists in Virginia who can also register to use the West Virginia, Kentucky, Tennessee and North Carolina programs.
- Next steps for PMP include making the interoperability work; implementation of new software; implementation regulations changing reporting requirements to weekly reporting which will be effective October 1.

Mr. Orr referenced the PMP website to obtain more information on reporting requirements, sign up for educational forums, view the data center and pain management course offerings that are free for licensees of the Department of Health of Professions.

- **DBHDS – CREATING OPPORTUNITIES STRATEGIC PLAN** – MELLIE RANDALL: Ms. Randall presentation to the Council was about the interagency strategic plan that DBHDS has sponsored as part of its Creating Opportunities initiatives. Other aspects of Creating Opportunities have included developmental services, children's mental health services, emergency services, as well as peer run services along a complete continuum of available services. The interagency substance abuse plan was developed at the request of the Governor and the Secretary of Health and Human Resources and involved eight other agencies: three public safety agencies and the remainder in health and human services agencies. The agencies examined and identified the overall needs for the state.

  Ms. Randall provided the Council some Virginia specific data from the National Survey on Drug Use and Health. The survey is conducted annually through a statistically valid sample of every state, regionally, by age cohorts. The data is published in stages and the first round of the 2010 data has been published. Ms. Randall reviewed the data for 2006 - 2008, which is the data that contained the regional analysis. Highlights from the survey included:
  - 23% of the population (12 years and older) is engaging in binge drinking in the month prior to the survey. Binge drinking means that you had five more drinks on the same occasion;
  - 7 ½ % used illicit drugs in the month prior;
  - Almost 10% used marijuana in the year prior;
  - Nearly 5% were using pain relievers for a non-medical use in the year prior;
  - among those between the ages of 12 and 20 more than an quarter were using alcohol in the month prior;
  - More than 9% met clinical criteria for abuse or dependence of illicit drugs or alcohol in the year prior to the survey;
  - Over 7% needed but did not receive treatment for alcohol use in the year prior;
  - About 2 .5 % needed, but did not receive, treatment for illicit drug use in the year prior to the survey.

  Ms. Randall referred to the 2008 JLARC study that concluded that $613 million in 2006 funds had been expended due to untreated substance abuse, mostly attributable to criminal justice expenses.

  Ms. Randall provided an overview of DBHDS range of operations: 16 MH facilities; with an increased ongoing focus on services in the community. In the MH facilities there are no specialized services for treatment substance use disorders, but about 70% of the people who are admitted to MH facilities often have at least a mention of substance abuse in their histories; co-occurring disorders are pretty common. There has been program development in the community and the facilities to improve services to individuals with co-occurring disorders. The facilities provide mental health services to individuals whose

severity is so great that they cannot be in the community, either because of their own safety issues or the safety of others. DBHDS also has contractual relationships with 40 community services boards/behavioral health authorities (CSB/BHA) with every locality in Virginia being served by a CSB/BHA. The CSB/BHA's provide mental health, substance abuse and developmental services to the citizens of those localities.

Virginia's data is consistent with the nation in that 1 in 10 people who need treatment actually receive treatment. As part of the strategic plan, the barriers to treatment were reviewed. The demographics of the people that receive treatment services in Virginia are that approximately 2/3 are white and about 30% are black or African-American; about a 1/3 are female, and very few youth and older adults are in the system. The determination of services provided is based on a global taxonomy and information obtained from the CSBs. The primary services being provided are outpatient, case management, medication assisted treatment, and detoxification. There are also services designed especially for women. The funding sources for CSB's consists of the federal, SAPT Block Grant, state general fund and local dollars; and fees and other supports. Most of the people served by CSBs are not insured and not eligible for Medicaid.

When developing the strategic plan, DBHDS's goal was to give the Governor recommendations and the actual dollar amount required to implement the action. As part of the planning, there was a two stage process that included meeting with providers of services, public and private; a series of meetings with state agencies; review of multiple studies; and surveys were conducted. The findings suggested expanding general capacity; expand Project Link for pregnant women; peer run support services; improve ability to do effective screening and assessment; increase access to intensive outpatient services; more community based residential detox that include medical supports; more access to medication assisted treatment; and increased residential treatment capacity for pregnant women who reside in the far southwestern part of the state; more places for people to live while they are in treatment and to improve the ability of the workforce to provide evidence-based treatment. Ms. Randall indicated that the report was under review at the Secretary of Public Safety and therefore, she could not discuss the parts of the strategic plan that affected Public Safety agencies. However, she assured the Council that the published report will also include public safety findings.

NEW BUSINESS:

- **DISCUSSION OF ANNUAL REPORT:** Ms. Randall stated that the deadline for the SASC annual report and plan has been extended to December 1. The Council discussed the suggested framework of the annual report and plan. Ms. Randall proposed that the Council take into considerations the presentations that Council have received this year and after review of the Creating Opportunities strategic report develop topics to be highlighted in the annual report. A draft of the report will be provided for the Council's review at the next meeting.
- DR. PARHAM JABARI- As a local issue in Chesterfield, the Substance Abuse Free Environment, Inc. (SAFE) Coalition has completed a study on Prescription Abuse in the Chesterfield area. As a result and continuation of the study and work being completed in this area there will be a Summit held at the Koger Center on October 13. There are

currently 40 participants with available slots for 2 or 3 more participants. Dr. Jabari is interested in speaking with anyone currently in the room that might have an interest in participating in the Summit.

- **PUBLIC COMMENTS:** No public comments were offered.
- **NEXT MEETING:** Next meeting is scheduled for October 28, location to be announced.

SCHEDULING OF 2012 MEETING DATE(S): Council's first meeting of 2012 will be held sometime in March after the General Assembly session is over. After the first meeting, subsequent dates will be added.

With there being no further business the meeting was adjourned

Respectfully submitted

Lynette T. Bowser

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